

18334 U.S. PTO
08/25/03

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	WUCH3032/EM
	First Named Inventor (or identifier)	Chin-Chang WU
	Total Pages	57

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Hybrid Reactive Power Compensation Device
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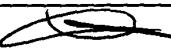
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1. Submitted herewith are the following:

21 pages of specification, including claims and Abstract.
 4 sheets of FORMAL drawings (Figs. 1-7).
 8 claims.
 1 Oath/Declaration signed by each inventor.
 1 Application Data Sheet.
 1 Assignment of the invention to UIS Abler Electronics Co., Ltd., Hsintien City,
 Taipei Hsien, Taiwan, R.O.C.,
 Cover Sheet, and payment of the \$40 recordal fee.
 1 certified copy of Taiwan application no. 091113221. Priority is claimed.
 1 check in the amount of \$415 (\$375- Filing Fee; \$40- Assignment Recordation Fee).

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --
5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --
6. Other: _____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00
Total Claims:	8	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$84 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$280.00): \$0.00		
			Subtotal: \$750.00		
			50% Reduction if Small Entity Status: \$375.00		
Phone: 703-683-0500 Fax: 703-683-1080			Total:		\$375.00
Date:	Name:		Signature:		Reg. No.
August 25, 2003	Eugene Mar				25,893